Interview and Report Writing

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The interview is a critical component of the psychological assessment of a child. In addition to the standard unstructured interview, several structured interviews have been developed for use with children and their parents/caregivers. This chapter is designed to introduce and familiarize the reader with not only which interviews are available for use when assessing children, but also with techniques appropriate and effective for use during interviews when a child is the identified client. We discuss considerations in using interview procedures with children who have disabilities as well as other factors related to the use of interviews, such as language dominance. Considerations for basic report writing are also described.

INTERVIEWS FOR CHILDREN

Interviews are often the most comprehensive assessment tools for clinicians, allowing for the evaluation and observation of both behavioral and emotional functioning. Historically, reliance was given to parental reports and any information given by the child was considered secondary. In fact, children were rarely included in the interview process due to beliefs that they lacked the cognitive capabilities to give accurate statements about their feelings and behaviors (Edelbrock & Costello, 1990; Herjanic, Herjanic, Brown, & Wheatt, 1975). The seminal work of Lapouse and Monk

1 Note: Although interviews are intended to be conducted with any primary caregiver as informant (e.g., parents, grandparents, stepparents, guardian ad litem, etc.), use of the term “parent” is employed from this point forward for reading ease.
(1958), as well as Rutter and colleagues (Rutter & Graham, 1968; Rutter, Tizard, & Whitmore, 1970; Rutter, Tizard, Yule, Graham, & Whitmore, 1976; Rutter, Tizard, Yule, Graham, & Whitmore, 1977), altered the manner in which the reports of youth were considered by demonstrating psychometric soundness for child structured interviews. Thus, currently most clinicians consider the child to be an essential informant in the interview process (Chambers et al., 1985; De Los Reyes & Kazdin, 2005; Edelbrock, Costello, Dulcan, Kalas, & Conover, 1985; Grills & Ollendick, 2002; Kazdin, French, & Unis, 1983; Moretti, Fine, Haley, & Marriage, 1985; Ollendick & Hersen, 1993; Verhulst, Althaus, & Berden, 1987). Consequently, numerous parent/child interview measures and techniques have been developed. At a basic level, interviews can be differentiated by the amount of structure utilized to elicit responses, with most falling into the categories of unstructured, semi-structured, and highly structured.

**Unstructured Interviews**

An unstructured interview is conducted as part of most, if not all, evaluations and is commonly the first significant contact the family has with the clinician. Most clinicians begin their assessment with some form of unstructured interview, with variations occurring in the depth, breadth, and participants (i.e., child, caregivers, siblings, etc.) included. A particular strength of the unstructured interview format is the individualized nature, which allows for significant clinician freedom and judgment. Apart from the typically included demographic (e.g., age of child, level of acculturation) and introductory (e.g., “What brings you in today”) information, there are no required/standard question sets, which allows for flexibility in pursuing ambiguous responses or gathering greater details. However, unstructured diagnostic interviews should not be mistaken as an opportunity to simply engage in conversation with the client. In order to collect sufficient information, preparation and organization are required to direct discussion toward topics that are relevant to the problem at hand, and that will aid in eventual diagnostic and/or treatment decisions.

Unstructured interviews are perhaps best suited for the more experienced clinician, who would be better equipped with the skills necessary for asking the “right” questions (Sattler & Hoge, 2006). For example, a trained clinician is more likely to know which questions elicit the most useful and relevant information from the child, whereas a lay interviewer may spend too much time in general conversation or asking irrelevant questions that could inhibit the eventual diagnostic or treatment formulation (Sattler & Hoge, 2006). Of course, a less experienced clinician can become more experienced through practice sessions and supervised unstructured interview administrations. In addition, newer clinicians may benefit from gradually moving from a structured to unstructured format. For example, becoming familiar with the probe and follow-up questions typically included in more structured interviews, as well as areas of differential diagnosis (e.g., *DSM-IV-TR*, American Psychiatric Association, 2000), may help establish a flowing questioning style while remaining comprehensive in the scope of inquiries.